## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F49213

Name:

Address:

City-St-Zip:

KELLEY, ALICÍA,

1209 NE 98TH ST.

MIAMI SHORES, FL

Entity Name: KELLEY FLEET, INC.

FILED Jan 08, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	8TH STREET ORES, FL 331	38			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	8TH STREET ORES, FL 331	38			
FEI Number:	: 59-2151818	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	8TH ST. DRES, FL 331		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	 Date	
Election Car	ation is eligible to	satisfy its Intangible Tax filing requ g Trust Fund Contribution().	uirement and elects to do so (X).	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () KELLEY, GEOF 1209 NE 98TH MIAMI SHORES	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () KELLEY, GEOF 1209 NE 98TH MIAMI SHORES	ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	VD ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE KELLEY PS 01/08/2002